Image# 12951520302 PAGE 1 / 17

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOTAL P	or Other Than An Au	ithorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
American Hospital Ass	ociation PAC		
ADDRESS (number and street)	325 Seventh Street, NW		
V	Suite 700		
Check if different than previously reported. (ACC)	Washington		DC 20004 -
2. FEC IDENTIFICATION NU	MBER ▼ C	ITY 🛦	STATE ▲ ZIP CODE ▲
C C00106146		IS THIS REPORT (N) (N)	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	eb 20 (M2) May 20 (ar 20 (M3) Jun 20 (I	(Non-Election Year Only)
(a) Quarterly Reports:	Ar	or 20 (M4) Jul 20 (M	Year Only)
April 15 Quarterly Report (Q		Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (Q	PRF-Election	Convention (12C)	Special (12S)
October 15 Quarterly Report (Q	3)	M M / D D	/ Y Y Y Y Y in the
January 31 Year-End Report (Y	E) Elect	tion on	State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	·	tion on	in the State of
5. Covering Period 01	01 2012		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined thi	s Report and to the best of	of my knowledge and belief it i	s true, correct and complete.
Type or Print Name of Treasurer	Ms. Melinda Hatton		
Signature of Treasurer Ms. M	lelinda Hatton	[Electronically Filed]	Date 04 / 19 / 2012
NOTE: Submission of false, errone	ous, or incomplete informati	ion may subject the person signi	ng this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
American Hospital Association PAC		
Report Covering the Period: From: 0'	1 01 2012 To:	01 31 2012
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		3059823.23
(b) Cash on Hand at Beginning of Reporting Period	3059823.23	
(c) Total Receipts (from Line 19)	59528.50	59528.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3119351.73	3119351.73
7. Total Disbursements (from Line 31)	27759.96	27759.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3091591.77	3091591.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This committee has qualified as a multical	ndidate committee. (see FEC FORM 1M)	
F	For further information contact:	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Hospital Association PAC

	I. Receipts	COLUMN A	COLUMN B
	<u> </u>	Total This Period	Calendar Year-to-Date
	ontributions (other than loans) From:		
(a			
	Than Political Committees	3687.50	3687.50
	(i) Itemized (use Schedule A)	3007.00	7
	(ii) Unitemized	5364.80	5364.80
	(iii) TOTAL (add	3304.80	3304.00
	Lines 11(a)(i) and (ii)	9052.30	9052.30
	Lines Tr(a)(i) and (ii)	, 5002.00	, , , , , , , , , , , , , , , , , , , ,
(b) Political Party Committees	0.00	0.00
(C)			
(0)	(such as PACs)	0.00	0.00
(d			7
(11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	9052.30	9052.30
. Tr	ansfers From Affiliated/Other		
	arty Committees	50215.00	50215.00
	,		
. Al	Loans Received	0.00	0.00
1.0	an Repayments Received	0.00	0.00
	fsets To Operating Expenditures	0.00	0.00
	efunds, Rebates, etc.)	0.00	0.00
	arry Totals to Line 37, page 5)efunds of Contributions Made		0.00
	Federal Candidates and Other		
	blitical Committees	0.00	0.00
	her Federal Receipts	0.00	5.00
	ividends, Interest, etc.)	261.20	261.20
	ansfers from Non-Federal and Levin Funds	201.20	201.20
	Non-Federal Account		
(a	(from Schedule H3)	0.00	0.00
	(0.00	0.00
/1	A Louis Francis (franc Oak at La 115)	0.00	0.00
(b	Levin Funds (from Schedule H5)	0.00	0.00
	Total Transfers (add 18(a) and 18(b))	0.00	2.22
(-)	i iolai transiers (add 18(a) and 18(b))	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	I. Disbursements COLUMN A Total This Period		
Operating Expenditures:	Iotal Tillo Fellou	Calendar Year-to-Date	
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating Expenditures	259.96	259.96	
(c) Total Operating Expenditures	255.50	255.50	
(add 21(a)(i), (a)(ii), and (b))▶	259.96	259.96	
Transfers to Affiliated/Other Party			
Committees	0.00	0.00	
Contributions to Federal Candidates/Committees and Other Political Committees	27500.00	27500.00	
Independent Expenditures			
(use Schedule E)	0.00	0.00	
Coordinated Party Expenditures (2 U.S.C. §441a(d))			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans Made	0.00	0.00	
Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
-			
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees		0.00	
(such as PACs)	0.00	0.00	
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c))▶	0.00	0.00	
Other Disbursements	0.00	0.00	
_	, , , , , , , , , , , , , , , , , , , ,		
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6) (i) Federal Share	0.00	0.00	
(i) I cuciai chare			
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely			
With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add	0.00	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	27759.96	27759.96	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21159.90	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	27759.96	27759.96	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	9052.30	9052.30
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9052.30	9052.30
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	259.96	259.96
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	259.96	259.96

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF 17 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Jeff Finkelstein Date of Receipt Mailing Address 100 Grard St 09 2012 City Zip Code State Transaction ID: 19663123 CT New Britain 06052-2016 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Chief Medical Officer Hospital of Central Connecticut, The Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Michael P Thomas Date of Receipt Mailing Address P O Box 820 01 09 2012 City State Zip Code Transaction ID: 19663188 KS Meade 67864-0820 Amount of Each Receipt this Period FEC ID number of contributing 237.50 federal political committee. Name of Employer Occupation Meade District Hospital Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 237.50 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Michael J Gillen Date of Receipt Mailing Address 100 Hospital Drive 2012 01 11 City Zip Code State Transaction ID: 19663191 MO Lebanon 65536-9210 Amount of Each Receipt this Period FEC ID number of contributing 350.00 С federal political committee. Name of Employer Occupation President St. John's Hospital - Lebanon Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 837.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

17

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr. Deise Granado-Villar Date of Receipt Mailing Address 3100 SW 62nd Avenue 2012 City Zip Code State Transaction ID: 19663200 FL Miami 33155-3009 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Chief Medical Officer and Senior Vice Miami Children's Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Benjamin Koppelman Date of Receipt Mailing Address 600 Pleasant Avenue 01 25 2012 City State Zip Code Transaction ID: 19714218 MN Park Rapids 56470-1431 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation St. Joseph's Area Health Services President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Brock D Nelson Date of Receipt Mailing Address 640 Jackson Street 01 25 2012 City Zip Code State Transaction ID: 19714222 MN Saint Paul 55101-2595 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer Regions Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

	LINE	_		:	PAGE	8	OF	17
(che	ck only	or	ne)					
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	13		14		15	16	;	17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Hospital Association	PAC	
Full Name (Last, First, Middle Initial) A. Mr. David A Nelson		Date of Receipt
Mailing Address 2400 St Francis Drive		01 25 2012
City	State Zip Code	Transaction ID : 19714223
Breckenridge	MN 56520-1025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
St. Francis Healthcare Campus	President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Mr. Kim C. Byas Sr., MPH,		Date of Receipt
Mailing Address One North Franklin		01 25 2012
City	State Zip Code	Transaction ID: 19714232
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
American Hospital Association-Chicago	Regional Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Mr. Maulik Joshi		Date of Receipt
Mailing Address One North Franklin		01 25 _ 2012 _
City	State Zip Code	Transaction ID: 19714233
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
American Hospital Association-Chicago	Senior Vice President Research & Presi	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	. 1991 Ogalo Tour to Dato Y	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this line number	only)	3687.50

SCHEDULE A (FEC Form 3X)	ı		FOR LINE NUMBER: PAGE 9 OF 17
` ,		Use separate schedule(s)	(check only one)
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c X 12
			13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any peddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	240		
American Hospital Association F	PAC		
Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federa	al PAC		Date of Receipt
Mailing Address 5510 Research Park Drive PO Box 259038			01 09 2012
City	State	Zip Code	Transaction ID : 19663142
Madison	WI	53725-9038	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C coo	0422881	215.00
Name of Employer	Occupation		
Receipt For:	Aggregato	Year-to-Date ▼	_
Primary General	. wy cyale		1
Other (specify) ▼		215.00	
Full Name (Last, First, Middle Initial) 3. New York Hospital & Healthcare Ass	soc. FED F	PAC	Date of Receipt
Mailing Address One Empire Drive			M M / D D / Y FY FY FY
			01 24 2012
City	State	Zip Code	Transaction ID : 19714196
Rensselaer	NY	12144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C coo	0160259	50000.00
Name of Employer	Occupation		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	55. 5 54.0		
Other (specify) ▼		50000.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address	_		M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing	С		
federal political committee.			
Name of Employer	Occupation		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	13 3		1
Other (specify) ▼			1
			50045.00
SUBTOTAL of Receipts This Page (optional)		•	50215.00
TOTAL This Period (last nage this line number of	only)		50215.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 17 (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any per	
American Hospital Association I	PAC	
Full Name (Last, First, Middle Initial) TD Bank Mailing Address 901 Seventh Street, NW City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State Zip Code DC 20001 C Occupation Aggregate Year-to-Date ▼	Date of Receipt 01 31 2012 Transaction ID: 19714202 Amount of Each Receipt this Period 261.20 Interest Earned
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt Man / Dad / Yayayay Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	Occupation Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		261.20

TOTAL This Period (last page this line number only).....

261.20

SC	HEDULE B (FEC Form 3X)			FOR LINE I	NUMBER:		PAGE	≣ 11 (OF 17
ITE	MIZED DISBURSEMENTS		parate schedule(s) category of the	the check only one)					
			Summary Page					25	26
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	information copied from such Reports and Statem or commercial purposes, other than using the nam								
1	IAME OF COMMITTEE (In Full)								
\angle	American Hospital Association PAC								
	ull Name (Last, First, Middle Initial)								
Α.	Huffman for Congress 2012 Explor	atory C	So .		Date of	f Disburser		Y	Y
N	Mailing Address PO Box 151563				01	19		2012	
		State	Zip Code		Trans	action ID :	: 19676797		
		CA	94915						
	Purpose of Disbursement Contribution			011	Amoun	t of Each [Disburseme	ent this	Period
	Candidate Name			Category/				2500	000
	Jared Huffman			Type		7		2500	J.00
C	President	nent For: Primary Other (spe	General		Contribu	ution			
	State: CA District: 06								
	full Name (Last, First, Middle Initial) Friends Of Cheri Bustos				Date of	f Disburser	ment		
_					M = M	/ D		Y Y	Υ
	Mailing Address PO Box 77				01	19	,	2012	
	City S East Moline	State IL	Zip Code 61244		Trans	saction ID	: 19676798	}	
F	Purpose of Disbursement			011	Amoun	t of Each [Disburseme	ent this	Period
C	Candidate Name				7	0. 200	-100011001110		
I	Ms. Cheri Bustos			Category/ Type				500	0.00
Ō		nent For: Primary Other (spe	General						
	State: IL District: 17	отпот (орс	,						
	full Name (Last, First, Middle Initial) Peters For Congress				Date of	f Disburser	ment		
_					M M	/ D I		ΥΥΥ	Υ
N	Mailing Address PO Box 226				01	19	ч L	2012	
	•	State MI	Zip Code 48303		Trans	action ID	: 19676799)	
F	Purpose of Disbursement Contribution			044					
7	Candidate Name			011	Amoun	t of Each [Disburseme	ent this	Period
	Rep. Gary C. Peters			Category/ Type				2000	0.00
	Office Sought: House Disburser	nent For:	2012	Турс		,	,		
	Senate President	Primary Other (spe	General		Contribu	ution			
_	State: MI District: 09								
su	BTOTAL of Disbursements This Page (optional)			······································		-,		9500	0.00
то	TAL This Period (last page this line number only).			·····		,			

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER		PAGE	12 (OF 17
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			Summary Page			Ľ		25 29	26
_		<u> </u>		27	28a	28b	28c		30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the nam								
Ĺ	NAME OF COMMITTEE (In Full)								
$ \rangle$	American Hospital Association PAC								
\angle	•								
۸	Full Name (Last, First, Middle Initial)				Doto -	f Dichura-			
A.	Quigley For Congress					f Disburse		V	
	Mailing Address PO Box 13040				01	19		2012	Y
		State	Zip Code		Trans	action ID	: 19676800		
	Chicago Purpose of Disbursement	IL	60613						
	Contribution			011	Amoun	t of Each	Disburseme	nt this	Period
	Candidate Name			Category/	-				
	Rep. Michael Quigley			Type				1000	0.00
	Office Sought: House Disbursem								
		Primary	General		Contrib	ution			
	State: IL District: 05	Other (spe	ecity) 🔻						
_	Full Name (Last, First, Middle Initial)								
В.	New Democrat Coalition Political A	ction C	Committee		Date o	f Disburse	ment		
					M = M	/ D	D / Y	YY	Υ
	Mailing Address 700 13th Street N.W., Suite 600				01	1	9	2012	
	-	State	Zip Code		Trans	action ID	: 19676801		
	Washington Purpose of Disbursement	DC	20005			· -			
	2012 Contribution			011	Amoun	t of Each	Disburseme	nt this	Period
	Candidate Name			Category/	-				-
	New Democrat Coalition Political A	ction C	ommittee	Type				1000	0.00
	Office Sought: House Disburserr								
		Primary	General		2012 C	ontribution	1		
	State: District:	Other (spe	ecity) 🔻						
_	Full Name (Last, First, Middle Initial)								
C.	DANPAC				Date o	f Disburse	ment		
					M M	/ D	D / Y	ΥΥ	Υ
	Mailing Address 1088 Bishop Street				01	19	9	2012	
	Suite 1009 City S	State	Zip Code						
		HI	96813		Trans	saction ID	: 19676803		
	Purpose of Disbursement 2012 Contribution								
				011	Amoun	t of Each	Disburseme	nt this	Period
	Candidate Name DANPAC			Category/				5000	0.00
	Office Sought: House Disbursem	nent For:		Туре		7			
		Primary	General		2012 €	ontribution			
	President	Other (spe	ecify) 🔻		_0.2 0				
	State: District:								
								7000	.00
5	SUBTOTAL of Disbursements This Page (optional)			·········· >				7000	.00
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Ι'	OTAL This Period (last page this line number only).								

SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER: PAGE 13 OF 17
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon oriny	•
	Detailed Summary Page		22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and S	tatamenta may not be cold or i		
or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
American Hospital Association	PAC		
Full Name (Last, First, Middle Initial)	rro).		Date of Disbursement
A. Leadership of Today and Tomo	IIOW		M M / D D / Y Y Y Y
Mailing Address 700 13th Street, NW			01 19 2012
Suite 600			
City Washington	State Zip Code DC 20005		Transaction ID: 19676804
Purpose of Disbursement	20003		
2012 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Leadership of Today and Tomo		Туре	2000.00
Office Sought: House Disb	ursement For: Primary General		
President	Other (specify)		2012 Contribution
State: District:	Canon (openity)		
Full Name (Last, First, Middle Initial)			
B. Olson For Congress Committee)		Date of Disbursement
NA '''			M = M / D = D / Y = Y = Y
Mailing Address PO Box 16381			01 24 2012
City	State Zip Code		Transaction ID : 19679903
			Transaction iD: 19079903
Sugar Land	TX 77496		
Purpose of Disbursement	1X 77496	011	Amount of Each Dishurasment this Pariod
Purpose of Disbursement Contribution	TX 77496	011	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name	1X 77496	Category/	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name Rep. Pete Olson	TX 77496 ursement For: 2012		
Purpose of Disbursement Contribution Candidate Name Rep. Pete Olson Office Sought: House Senate Disb	ursement For: 2012 Primary General	Category/	
Purpose of Disbursement Contribution Candidate Name Rep. Pete Olson Office Sought: House Senate President	ursement For: 2012	Category/	1000.00
Purpose of Disbursement Contribution Candidate Name Rep. Pete Olson Office Sought: House Senate President State: TX District: 22	ursement For: 2012 Primary General	Category/	1000.00
Purpose of Disbursement Contribution Candidate Name Rep. Pete Olson Office Sought: House Senate President State: TX District: 22 Full Name (Last, First, Middle Initial)	ursement For: 2012 Primary General	Category/	1000.00 Contribution
Purpose of Disbursement Contribution Candidate Name Rep. Pete Olson Office Sought: House Senate President State: TX District: 22	ursement For: 2012 Primary General	Category/	1000.00 Contribution Date of Disbursement
Purpose of Disbursement Contribution Candidate Name Rep. Pete Olson Office Sought: House Senate President State: TX District: 22 Full Name (Last, First, Middle Initial)	ursement For: 2012 Primary General	Category/	1000.00 Contribution
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
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NAME OF COMMITTEE (In Full)			
American Hospital Association PA	/C		
Full Name (Last, First, Middle Initial)			Data of Diskumannant
A. New York Jobs PAC			Date of Disbursement
Mailing Address P.O. Box 763			01 26 2012
City	State Zip Code		Transaction ID : 19682830
Deer Park	NY 11729		Transaction ID: 19062630
Purpose of Disbursement Void of 11/2011 Check		011	Amount of Each Disbursement this Period
Candidate Name		Catagory	
New York Jobs PAC		Category/ Type	-1000.00
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) ▼		Void of 11/2011 Check
State: District:			
Full Name (Last, First, Middle Initial) B. Adam Smith For Congress Comm	nittee		Date of Disbursement
Mailing Address PO Box 23626			01 30 2012
City Federal Way	State Zip Code WA 98093		Transaction ID: 19690857
Purpose of Disbursement Void of 05/2011 Check		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. D. Adam Smith		Type	-1000.00
Senate President	ement For: 2012 ✓ Primary General Other (specify) ▼		Void of 05/2011 Check
Senate President State: WA District: 09	Primary General		Void of 05/2011 Check
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Senate President State: WA District: 09 Full Name (Last, First, Middle Initial) C. Larson For Congress	Primary General		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President State: WA District: 09 Full Name (Last, First, Middle Initial) C. Larson For Congress Mailing Address 109 Pitkin Street City East Hartford	Primary General Other (specify) ▼		Date of Disbursement
Senate President State: WA District: 09 Full Name (Last, First, Middle Initial) C. Larson For Congress Mailing Address 109 Pitkin Street City	Primary General Other (specify) ▼ State Zip Code	011	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Senate President State: WA District: 09 Full Name (Last, First, Middle Initial) C. Larson For Congress Mailing Address 109 Pitkin Street City East Hartford Purpose of Disbursement Void of 10/2011 Check. Candidate Name Rep. John B. Larson	Primary General Other (specify) ▼ State Zip Code CT 06108	011 Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President District: 09 Full Name (Last, First, Middle Initial) C. Larson For Congress Mailing Address 109 Pitkin Street City East Hartford Purpose of Disbursement Void of 10/2011 Check. Candidate Name Rep. John B. Larson Office Sought: House President Disburs	Primary General Other (specify) ▼ State Zip Code	Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President State: WA District: 09 Full Name (Last, First, Middle Initial) C. Larson For Congress Mailing Address 109 Pitkin Street City East Hartford Purpose of Disbursement Void of 10/2011 Check. Candidate Name Rep. John B. Larson Office Sought: House Senate	Primary General Other (specify) ▼ State Zip Code CT 06108 ement For: 2012 Primary General	Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President State: WA District: 09 Full Name (Last, First, Middle Initial) C. Larson For Congress Mailing Address 109 Pitkin Street City East Hartford Purpose of Disbursement Void of 10/2011 Check. Candidate Name Rep. John B. Larson Office Sought: House President Disburs	Primary General Other (specify) ▼ State Zip Code CT 06108 ement For: 2012 Primary General Other (specify) ▼	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE		PAGE 15 OF 1
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American Hospital Association PA				
/ American Hospital Association FAC	,			
Full Name (Last, First, Middle Initial)			Data of Dishura-	ont .
 Dutch Ruppersberger For Congres 	S		Date of Disburseme	/ Y Y Y Y
Mailing Address 22 West Padonia Road Suite C-14	ľ		01 27	2012
City	State Zip Code		Transaction ID . 1	0742769
Timonium	MD 21093		Transaction ID: 1	9/13/00
Purpose of Disbursement Contribution		011	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		4000.00
Rep. C.A. Dutch Ruppersberger		Type		1000.00
	nent For: 2012			
Senate President	Primary General Other (specify) ▼		Contribution	
State: MD District: 02	Carol (opcolly) ▼			
Full Name (Last, First, Middle Initial)				
- Reclaim America PAC			Date of Disburseme	ent
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Mailing Address 4031 South Le Jeune Road		01 27	2012	
,	State Zip Code		Transaction ID : 1	9713769
Coral Gables Purpose of Disbursement	FL 33146			
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Candidate Name		Category/		
Reclaim America PAC		Type		1000.00
Office Sought: House Disbursen				
	Other (specify) — General		2012 Contribution	
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
Friends Of Sherrod Brown			Date of Disburseme	ent
Mailing Address DOD 70107			M M / D D	/ Y Y Y Y Y Y
Mailing Address PO Box 76187			01 27	2012
City	State Zip Code		Transaction ID : 1	0713775
	DC 20013		Transaction ID: 1	3113113
Purpose of Disbursement Contribution		011		
Candidate Name			Amount of Each Dis	sbursement this Period
Sen. Sherrod Brown		Category/ Type		500.00
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or	for commercial purposes, other than using the nam	e and address of any politic	cal committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
<u>/</u>	·				
_	Full Name (Last, First, Middle Initial)			5	
Α.	Hawkeye PAC			Date of Disbursement	
	Mailing Address D.O.D. 7055			M M / D D / Y Y Y Y Y	
	Mailing Address P.O.Box 7255			01 27 2012	
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	Des Moines	IA 50309		Transaction ID: 19714030	
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	Office Sought: House Disbursem	nent For:			
	Senate	Primary General		2012 Contribution	
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_	Full Name (Last, First, Middle Initial)				
В.	Tim Ryan For Congress			Date of Disbursement	
	ALC:			M = M / D = D / Y = Y = Y	
	Mailing Address 1600 Roosevelt Avenue Suite 804			01 27 2012	
		State Zip Code			_
		OH 44446		Transaction ID: 19714031	
	Purpose of Disbursement	-			
	Contribution		011	Amount of Each Disbursement this Period	
	Candidate Name		Category/	1000.00	
	Rep. Timothy J. Ryan		Type	1000.00	
		nent For: 2012			
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		Other (specify) ▼			
	State: OH District: 17				_
_	Full Name (Last, First, Middle Initial)			D	
C.	Snowe For Senate			Date of Disbursement	
	Mailing Address DOD 2010			M M / D D / Y Y Y Y	
	Mailing Address PO Box 2012			01 27 2012	
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	-	ME 04104		Transaction ID: 19714032	
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	Candidate Name		Category/	1000.00	
	Sen. Olympia J. Snowe		Type	1000.00	
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Full Name (Last, First, Middle Initial) A. Steve Israel For Congress Committ Mailing Address PO Box 777	ee		Date of Disbursement O1 06 2012
,	tate Zip Code		Transaction ID : 19724561
Purpose of Disbursement Contribution Candidate Name Rep. Steve J. Israel Office Sought: House Senate Disbursem	ent For: 2012 Primary General Other (specify)	011 Category/ Type	Amount of Each Disbursement this Period 1000.00 Contribution
State: NY District: 03 Full Name (Last, First, Middle Initial) B. Mailing Address			Date of Disbursement
Purpose of Disbursement Candidate Name Office Sought: House Disbursem Senate F	ent For: Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) C. Mailing Address			Date of Disbursement
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